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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 701039-052287-US | |
| In re Application of Larry I. Benowitz | | | |
| Application Number 10/528,685 | | Filed July 18, 2005 | |
| For METHODS AND COMPOSITIONS FOR TREATMENT OF NEUROLOGICAL DISORDER | | | |
| Group Art Unit 1623 | | Examiner KRISHNAN, Ganopathy | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate entity fee are as follows
(check time period desired):

| | |
|--|-----------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$65/\$130) | \$ <u>65.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$245/\$490) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$555/\$1110) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$865/\$1730) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1175/\$2350) | \$ _____ |

☒ Applicant claims small entity status.

☐ A check to cover the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0850.
I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____.

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|---|--|
| <u>/Shayne Y. Huff/</u> Signature | <u>October 27, 2008</u> Date |
| <u>David S. Resnick (34,235) / Shayne Y. Huff (44,784)</u> Typed or printed name | <u>(617) 345-6057 / 1059</u> Telephone Number |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.